

Resident Academic Half Day (AHD): A to... not yet Z

Jennifer Aleshire, MD, MS, Leslie Davis, DO, Elizabeth Noonan, MD, Aline Tanios, MD
Saint Louis University School of Medicine, Department of Pediatrics

Background

- Historically, noon conference has been the standard format to deliver educational material to trainees. This modality presents several barriers, including inadequate protected time, inconsistent attendance, and a lack of structured longitudinal curriculum taking into account different levels of learners.

Objectives

- Create a three-year longitudinal curriculum to limit redundancy and cover the American Board of Pediatrics content specifications.
- Implement protected didactic time for each level of training that occurs at regular intervals.
- Measure medical knowledge retention using weekly quizzes.

Methods

- Moving to AHD required planning and commitment from the department and its faculty. A half day was dedicated to teaching residents, alternating weekly between levels of trainees.
- Mandatory attendance freed residents from clinical responsibilities. Review of board relevant content and past in-training exam scores were the foundation for curriculum development.
- Weekly quizzes, to be completed within 24 hours of AHD, were implemented to reinforce knowledge retention.
- Dynamic lectures involving simulations and board review sessions were paired with traditional didactics, introduction to research, and wellness lectures.

Results

- 90% of residents surveyed agree that information delivered at AHD can be applied to clinical experiences.
- 77% of residents felt that content was relevant to their ABP certification exam preparation.
- Overall, simulations, interactive sessions, and case presentations were more favorable to the learners surveyed.

Figures

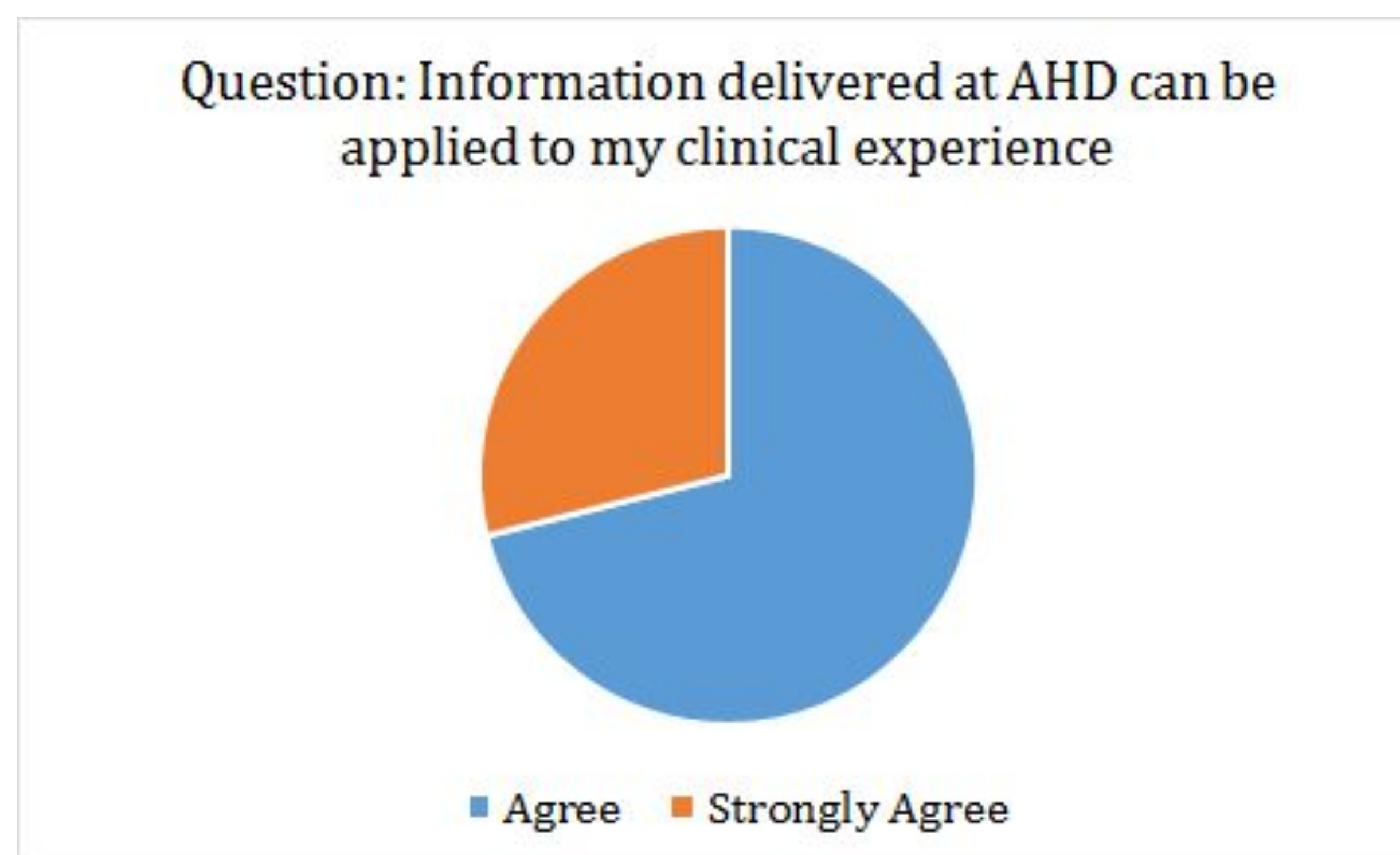


Figure 1: Percent of respondents who agree that the information presented at AHD is applicable to their clinical experience.

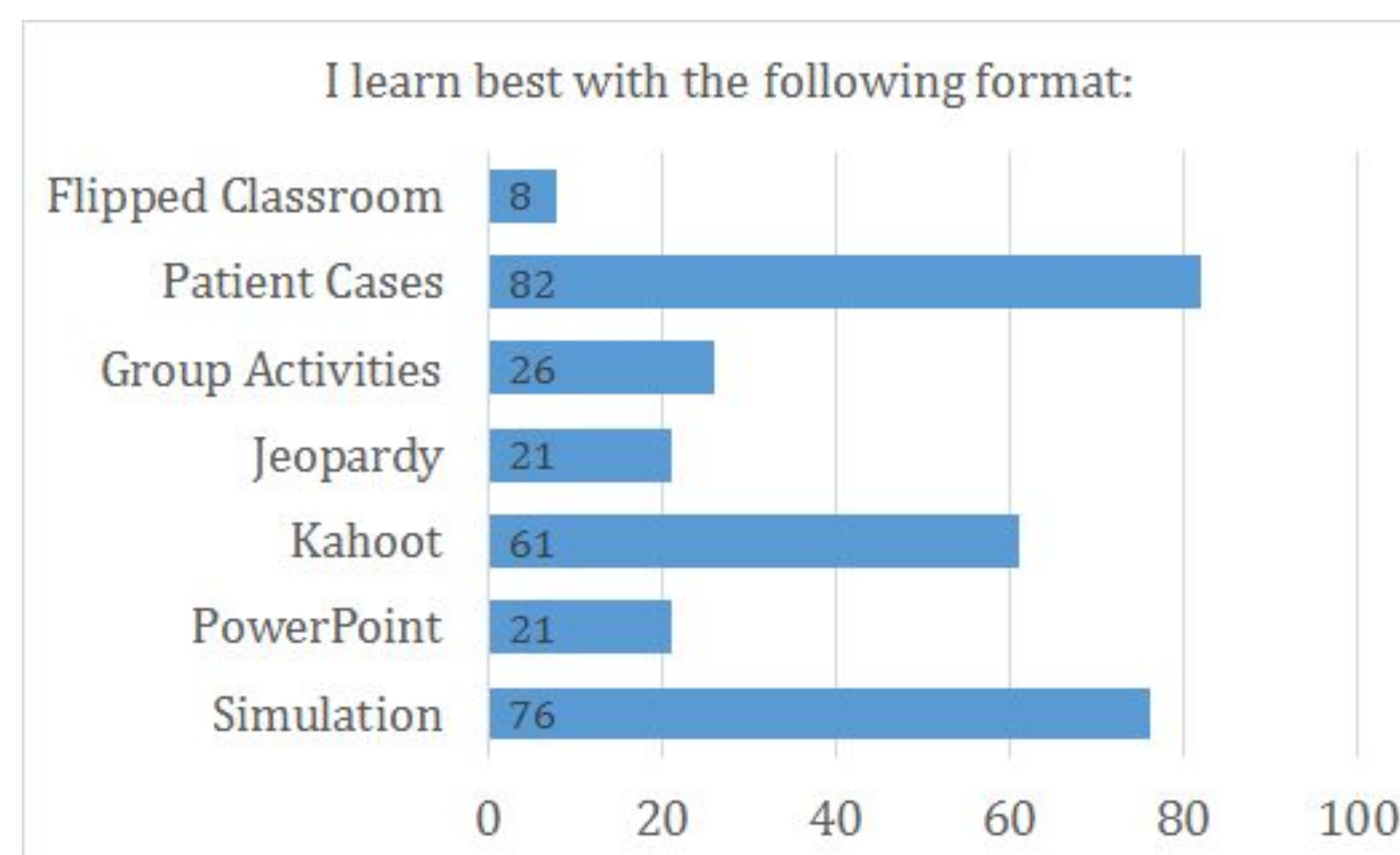


Figure 2: Survey results of respondents' preferred learning modalities. Of note, numerous responses were accepted.

Conclusions

- AHD curriculum continues to address traditional topics, but also focuses on other areas of need for trainees: wellness, professionalism, career planning, board preparation and research education. In the COVID-era, transition to a virtual platform provides the same content, but presents its own challenges. Early feedback highlights the need for interactive lectures to keep learners engaged when they are not physically present.

Limitations and Barriers

- There were many challenges to scheduling the AHD curriculum including faculty recruitment, simulation resources, lack of faculty incentives, resident scheduling and patient coverage.
- Lectures were transitioned to a virtual platform in April 2020. This created new barriers including lack of ability to have interactive sessions, decreasing resident participation and engagement, faculty discomfort with new technology, and technical difficulties.

Future Directions

- Plans are in place to implement a tri-annual test mirroring the format of the annual ITE, that reviews AHD topics from the prior 4 months.
- Over time, the residency annual ITE scores and Pediatric Board Exam pass rate will be tracked to monitor for improvement.
- Ongoing curriculum adjustments to make our virtual sessions more interactive.